Extraordinary Compensation Request Form

		Date of Request: Number of Hours Requested:	
cor ent	npensation. Please provide as much detail a	ion when evaluating a request for extraordinary is possible to support your request. There is no d requests will be considered on a case-by-case basis. In Policy for more information.	
	Has OCLA paid for extraordinary compensat a. If yes, please provide the date and r Are the number of hours invested in the case	ion on this case in the past? Yes No	
4.		to meet the requirements of representation and does raordinary compensation? If yes, please explain:	
5.		extraordinary amount of time on the case in question attorney's compensation request? If yes, please explain:	
6.	otherwise been subjected to hearings that f	nary number of hearings for the case in question or far exceed the normal duration of said proceedings? Has amount of time preparing for these appearances? If yes, quest:	
7.	•	related to the dependency that require the attorney's not be billed as a separate case? If yes, please explain:	
8.	Please describe any other circumstances the compensation:	at justify the attorney's request for extraordinary	

Submit requests to the CRP Program Manager bailey.zydek@ocla.wa.gov

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